

Leon County Library Parking Access Card Application

Applicant Information		
Name: (Please Print):		
Home Phone:	Work Phone:	Cell:
Current address:		
City:	State:	ZIP Code:
Veteran: (provide copy proof of DD-214 Form or Veterans ID)	No:	Card No. Assigned:
Disabled: (provide copy of placard)	Expiration Date:	Renewal Date:
Requirement Information		
 Cards will be issued to patrons by Facilities Management after a form of proof is presented to staff (i.e. existing disabled placards and DD-214 forms). Cards issued for disabled patrons will be valid for a period of three years or expiration date of placard. Veteran-issued cards will not expire. There will be no charge for the use of parking access card. Subsequent to the initial period, patrons seeking to acquire a card would be directed to Facilities Management, 1907 S. Monroe St., Tallahassee, Fl 32301 (850) 606-5000 		
Lost or Damaged Cards Requirement		
 Acknowledge receipt of one (1) parking access control card. Upon surrendering my parking access card to Main Library Call St. Parking lot, I will return this card to Facilities Management. If my card is lost or I do not return it, I agree to pay a \$20.00 replacement fee. I understand this card is issued in my name and is non-transferable. 		
l authorize the verification of the information provided on this form. I have received a copy of this application.		
Signature of applicant:		Date:
Signature of Operations Manager:		Date: